

# Appendix A

Request for Proposal:

Otsego County Medicaid  
Transportation Coordinator

# **PART II**

## **REQUESTS FOR PROPOSAL**

### **MANAGEMENT COORDINATION *AND* PROVISION OF MEDICAID NON-EMERGENCY TRANSPORTATION SERVICES**

## 1.0 REQUEST FOR PROPOSAL:

Potential respondents should be advised that Otsego County is issuing this solicitation **as** a Request for Proposal to engage and retain a contractor to provide non-emergency medical transportation for Otsego County residents deemed eligible for the Medicaid Program.

(1) Proposals will be evaluated on the basis of qualitative factors and price. These qualitative factors will be used to evaluate the capability of the entity to deliver the **service** in accordance with the specifications. Proposers are advised **to** fully respond to all elements in **this** proposal in order to be considered responsive.

(2) Cost will not be the sole factor in the County's decision.

(3) Proposals will be accepted until the deadline specified, but will not be publicly opened nor read aloud. Proposals will be evaluated by **a** selection **committee**, comprised of the Purchasing Agent, Commissioner of the Department of Social **Services**, the Human Services Committee, Director of Planning, and the Transportation Committee. They will make a recommendation to the Intergovernmental Affairs Committee, who in turn will sponsor a resolution for the Board of Representatives to adopt or reject.

(4) Otsego County retains the right to reject any or all proposals and **to** withdraw **this** solicitation **at** any time.

(5) Proposals will be included **as a** component of the County-wide transportation RFP.

(6) **Billing:** The selected vendor will invoice the Department of Social **Services** monthly for an amount equal to one-twelfth (1/12) of the contracted amount for **services** rendered. Monthly reports shall be submitted with each invoice detailing total rides provided, no-shows, and cancellations.

Contractor will be paid a flat fee rate per month calculated **as** 1/12<sup>th</sup> of the total cost of the contract. The cost of all transportation, excluding ~~air~~ transportation, will be included in the flat fee rate. Total trips will be monitored on a monthly basis **based** on invoices and attached ridership reports provided by the Contractor. Increases or decreases greater than 30% in the number of client trips provided will allow both parties to negotiate the impact **of** said change on the contracted flat rate the Contractor will bill the DSS on a monthly bases. Payment will be made within 30 business days of receipt of invoice.

Payment to approved subcontractors is the responsibility **of** the Contractor.

The relationship between the County and the Contractor, its employees, or subcontractors shall be that of independent Contractor. The provider, employees, and subcontractors will adhere to the standards set forth herein. The relationship between the selected contractor and the County is contingent upon **DSS** receiving funding from the Medicaid program to pay for said transportation services.

## (7) Contract **Term**

The period of performance on any agreement arising from **this** RFP shall be for a term consistent with that set for the County-wide transportation system.

### 1.1 Relationship Between Selected Vendor And Otsego County After Award

After selection, the successful vendor will enter into a contract with Otsego County. Any items in the RFP requiring additional negotiation will be negotiated with the Selection Committee. Should the selected vendor fail to successfully conclude these negotiations, the County will negotiate with the second highest-ranked, and **so** on, until agreement is reached.

Assuming successful contract negotiation, the selected vendor will enter contractual agreement with Otsego County. Otsego County will administer the contract and monitor contractor performance.

Otsego County **DSS** will notify its Medicaid Clients of provider changes resulting from **this** RFP.

## 2.0 SCOPE OF SERVICE

\* **The** scope of services is predicated on the principle of coordination and/or consolidation of existing transportation resources/services while ensuring quality service (**see** Section 5 Service Standards) and adhering to regulations established and defined by 18NYCRR Section 505.10 “Transportation for Medical Care and Services” (**see** Appendix “A”). A Federal Waiver granted in 1998 allows the County to provide non-emergency transportation service in **this** manner conditioned upon cost effectiveness, quality of service and access to care.

### 1. COORDINATION

The Contractor will provide a full-time designated coordinator for non-emergency Medicaid transportation services who will process and review medical authorization forms and schedule and coordinate Medicaid transportation trips. The Contractor will be the prior authorization official for **DSS**. Use of ambulance for non-emergency purposes will be approved only **as** defined in Section 505.10 of the Social Services Regulations.

The Contractor will provide dispatching services from 6:00 a.m. to 6:00 p.m. Monday through Friday. Coordinated services will include all public services to include, but not be limited to taxi, invalid coach, ambulette and public bus. The Contractor will provide telephone information lines.

The Contractor will develop a procedure, subject to the approval of **DSS**, to provide coordination of off-hours requests for service. Offhours is that time period before 6:00 a.m. and after 6:00 p.m. on weekdays, and anytime on weekends and holidays. Coordination of off-hours transportation services is the responsibility of the Contractor.

## 2. SERVICE AREA

The service area for non-emergency Medicaid services includes Otsego County. **Services** required outside of the service area will be coordinated by carriers **as** to the most efficient mode. The cost of all such transportation will be included in the flat rate of the contract. However, the flat rate excludes any and all **air** transportation. The actual cost of any and all **air** transportation will be billed to DSS separately.

## 3. SUBCONTRACTORS

The Contractor may sub-contract any mode of transportation in order to optimize efficiency. All subcontractors will be responsible to and work under the supervision and authority of **the** Contractor and per the regulatory authority under which the subcontractor operates. All subcontractors must meet the **minimum** criteria **as** set forth in **this** document. Subcontractors will require approval of DSS, which consent will not be unreasonably withheld.

## 4. ELIGIBILITY

DSS **will** make the determination of eligibility for Medicaid. DSS will provide the Contractor with a Department of Social Services Electronic Medicaid Eligibility Verification **System** (EMEVS) computer terminal with which the Contractor will be able to verify a client's eligibility for medical transportation services. The Contractor acknowledges that information **obtained** from **the** EMEVS is confidential and shall hold **DSS** harmless from any unauthorized disclosure of such information.

**DSS** will instruct health related facilities utilizing non-emergency Medicaid transportation **as** to how to access transportation. **DSS** will not be required to reimburse the Contractor for **non-eligible** clients.

## 5. SERVICE STANDARDS

The following standards will apply to the selected Contractor and all subcontractors.

Vehicles will be in compliance with all state **and** federal transportation passenger safety and comfort standards. **This** includes proper equipment, accessibility, maintenance, and seat belts. All equipment necessary to transport wheelchair-bound clients shall be available and **operational** at **all** times. Wheelchair securement locations within a vehicle must be designed to limit movement of an occupied wheelchair when the vehicle is in normal operation.

### A. VEHICLES (**Owned** by the Contractor)

- Vehicles must meet all **NYSDOT** inspection and licensing requirement
- Vehicles must possess a current **NYSDOT** inspection certificate
- Vehicles may be new or used, leased or owned by the Contractor

- Vehicles must be marked and visibly designated **as** a transportation provider.
- Vehicles must be no larger than 30 feet
- Vehicles must be equipped with appropriate size seat belts, harnesses, and/or any other **form** of support restraint necessary to ensure each child's safety.
- Vehicles must be equipped with a two-way **working** radio to compliment any cellular phone deficiencies.
- Vehicles must be 1995 model or newer
- Vehicles must be maintained in good **physical** and operating condition
- Exterior of vehicles must be kept clean and **free** from clutter and debris
- Vehicles must be **air** .conditioned
- Contractor should have the capability of serving clients who would be **within** the parameters of ADA Compliance.

## **B. DRIVERS**

- Licenses: All drivers must be properly licensed in accordance with NYSDMV Section **501**.
- All drivers must be physically and morally capable of operating a vehicle and seeing to the welfare of the passengers.
- All Drivers will not possess more than six (6) points for motor vehicle violations within the past 36 months.
- All drivers will undergo training in client sensitivity, defensive driving and emergency procedures, including **CPR** and blood spill procedures..
- All drivers will fully qualify under Section 19**A** of the **NY S** Motor Vehicle Law for school bus drivers, including Department of Criminal Justice and Federal Bureau of Investigation background and fingerprinting.

Client and safety and comfort must be **assured** by properly maintaining and equipping vehicles, including:

- Smoke **free** environment within the vehicle
- Appropriate safety equipment including: First Aid Kit, UL-Approved Fire Extinguisher
- Accident report form
- Roadside reflective devices and flashlight

- Disposable gloves
- Client comfort and special needs will be taken account of for scheduling **purposes**
- Shall have available for use, **as** needed, a minimum of **two** (2) industry standard wheelchairs.

### C. DMV/DOT COMPLIANCE

- Maintain 19A record keeping procedure
- Certify annually to compliance with the law.
- Regulatory Authority: (If Applicable). The transportation provider is required to obtain **any** and all necessary operating authority permits that are required by **WSDOT**.
- Comply with **NYSDMV** regulatory Section 148A.
- Insurance: The Contractor must possess insurance policies in amounts equal to or greater than the maximum specified in **NYSDMV** Article 8, Section 370 “Indemnity bonds or **insurance** policies on vehicles transporting passengers for hire except **as** otherwise required herein.” In addition, **the** Contractor will secure and maintain workers’ compensation **insurance** coverage on its employees, including employers comprehensive general liability insurance with Automobile liability insurance **with** a combined single limit of not **less than** \$1,000,000. **CONTRACTOR WILL BE REQUIRED TO PRESENT PROOF OF INSURANCE COVERAGE AS DETERMINED BY DSS.**
- Availability to Provide Service: The Contractor must maintain sufficient vehicles to accommodate transportation requests within established time frames, demonstrate ability and willingness to perform the service in a professional manner. The Contractor must also maintain sufficient office and clerical **staff** to submit detailed records, **as** required.

### D. TRANSPORTATION REQUESTS

The Contractor will confirm eligibility for Medicaid transportation users by using EMEVS **as** set forth in paragraph #4. All non-emergency Medicaid transportation will be handled **as** follows:

All transportation requests will be accepted until 3:00 p.m. of **the day** prior to the appointment. Requests handled later than 3:00 p.m. of the day prior to a medical appointment will be scheduled to assure needed medical **care**, however, **this** is on an “**as** available” basis and might subject the client to schedules outside the established parameters. Urgent **care** situations must be accommodated, i.e. situation arises after 3 p.m. requiring transportation to emergency room same day/evening, but does not require transport by ambulance.

The client, using Medicaid transportation initially, might be required to have a client transportation capability form completed by the attending physician and returned to the Contractor prior to the next scheduled appointment. **This** will allow the Contractor to have information readily available **as** to the client’s transportation capabilities.

## **E. TRANSPORTATION POLICY**

Transportation will be selected on a least expensive mode per the client's capabilities. The Contractor will ensure that needed bus tickets, **taxi** arrangements, etc. are **arranged** for the client. All wholly Otsego **County** pick-ups will be handled by the Contractor, utilizing the most practical mode of travel available.

Clients who are deemed physically and mentally capable of utilizing public modes of transportation will be assigned **this** transportation by the Contractor. The least expensive mode of travel that is comparable with the client's capabilities will be utilized. When handicapped coach services have already been arranged by the Contractor and are already in an able-bodied client's vicinity, able-bodied clients will be instructed to utilize **this** mode of travel when the **vendor** is providing services within reasonable distance to the client pick-up point or destination. The Contractor will make use of existing assessments prepared by **DSS** to the extent possible.

The Contractor will confirm with DSS whether clients have their own transportation (vehicle) available for use and reimbursement prior to scheduling other mode of transportation for the client. **When** clients provide or **arrange** transportation using private vehicles, **owned** by themselves or otherwise, the driver will be reimbursed **as** specified in section K.

## **F. ASSESSMENT OF CLIENTS' TRANSPORTATION NEEDS**

Transportation **needs/capabilities** will be assessed by a licensed physician, optometrist or dentist in accordance in accordance with Medicaid Law. The abilities will be **ascertained with** the initial medical visit and transportation interview. Records will be maintained on all clients and periodically **updated as** needed.

## **G. TRANSPORTATION – PICKUP WINDOW – DEMAND RESPONSE**

Pick-up windows with the County of Otsego will be 20 minutes (i.e. A **9:00A.M.** scheduled pick-up will require the client to be ready for transportation **from 8:50 - 9:10**).

## **H. RIDING TIMES - DEMAND RESPONSE**

Within the **County** of Otsego, riding time will be reasonable and appropriate. Transportation riding time for areas other than the **County** of Otsego will be reasonable in length, considering pick-up location and destination.

## **I. DESTINATION/ARRIVAL TIMES – DEMAND RESPONSES**

Destination/arrival times at the scheduled appointment will be up to 30 minutes early **within** the **County** of Otsego. Outlying areas will arrive up to one hour prior **to** appointment.



## **J. USE OF AVAILABLE TRANSPORTATION**

**An** up-to-date list of available public transportation will be maintained by the Contractor. The Contractor will utilize public transportation when feasible both within and outside of the County of Otsego. Medicaid clients will be reimbursed for public transportation only within the guidelines of New York State Department of Social Services.

## **K. REIMBURSEMENT TO CLIENTS FOR TRANSPORTATION**

**When** deemed appropriate, the Contractor will reimburse the client at a rate of **\$.10** per mile to have transportation provided by another individual using a privately owned vehicle. All such reimbursements are subject to prior approval by the Contractor.

## **L. COMPLAINT PROCEDURE - CLIENT**

**When** a client feels that he/she has a legitimate complaint, the Contractor will, **through as** complete an investigation **as** possible, **ascertain** the validity of the complaint, and, if **needed**, follow-up with corrective action. Complaints will be logged and investigated by the Contractor if the complainant leaves their name, address and phone number (if **any**). A client may, if not fully satisfied with the corrective action taken by the Contractor, file the complaint with **DSS** County Department of Social Services for further follow-up. **Final** authority in determining the final action in a complaint is with DSS. Clients shall have **full access** to **DSS** fair hearing process.

The Contractor will file at least quarterly with DSS a report setting forth all complaints received and the manner of disposition.

## **M. COMPLAINT PROCEDURE – CONTRACTOR/SUBCONTRACTOR**

The Contractor and/or subcontractors will feel free to file complaints about clients with the Department of Social Services when due to:

- Behaviors that compromise safety.
- Contractor suspects fraud has been **committed**.
- **Any** issue that is deemed transportation relevant with regard to the client's safety.

With the filing of the complaint, a complete investigation will be conducted by both the Contractor and the Department of Social Services. Corrective action will be taken, if needed. The Department of Social Services shall have final authority in determining the eligibility and mode of transportation for clients receiving Medicaid transportation,

## **N FREEDOM OF CHOICE**

The Contractor will allow for freedom of choice per **42 CFR 431.51** (see Appendix "B") of Federal Regulations regarding Medical Assistance Transportation.

## **O. SPECIAL CIRCUMSTANCES**

Stretcher-bound clients will be the responsibility of the Contractor.

Transportation to dialysis treatment centers: Under no circumstances may a client scheduled for dialysis treatments be allowed to miss or be late for a scheduled treatment.

Clients requiring provision of medical attention and/or **services** in-transit will be considered emergency transportation as defined in 18NYCRR Section **505.10** "Transportation for Medical Care and Services." (Appendix)

## **P. ON-GOING DEFINED**

"On-going" is defined as regularly scheduled trips for one client, **occurring as frequently as** six times per week, or **as infrequently as** one time per month. Additional information relative to **origin**, destinations, program sites, "on-going" trips and special needs is provided in the Appendix. **This** information is provided for purposes of estimating number of vehicles, drivers, hours, mileage and other related expenses only. However, non-emergency transports fluctuate based on program availability, medical facilities, economic trends, funding levels and legislation.

## **Q. ADJUSTMENTS TO PAYMENTS**

In the event a client is not picked up as scheduled and confirmed, and client subsequently misses his/her appointment, a one-day fee (1/365<sup>th</sup> of the contract amount) will be deducted. After five **(5)** non-transports, the deduction will be doubled.

## **R. NO- SHOWS**

**The** contractor must inform the County's **DSS** Transportation Coordinator of each no-show for a scheduled pick-up. Clients are instructed that after three (3) "no-shows" a client will not be picked up for a scheduled trip unless confirmation has been made the prior day.

Appendix A  
18 NYCRR Section 505.10  
Transportation for Medical Care and Services

Effective Date: **04/29/98**

505.10 Transportation for medical care and services. (a) Scope and purpose. This section describes the department's policy concerning payment for transportation services provided to Medical Assistance (MA) recipients, the standards to be used in determining when the MA program will pay for transportation, and the prior authorization process required for obtaining such payment. Generally, payment will be made only upon prior authorization for transportation services provided to an eligible MA recipient. Prior authorization will be granted by the prior authorization official only when payment for transportation expenses is essential in order for an eligible MA recipient to obtain necessary medical care and services which may be paid for under the **N4A** program.

(b) Definitions. (1) Ambulance means a motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit.

(2) Ambulance service means any entity, as defined in section 3001 of the Public Health Law, which is engaged in the provision of emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft, boat or other form of transportation to or from facilities providing hospital services and which is currently certified or registered by the Department of Health as an ambulance service.

(3) Ambulette or invalid coach means a special-purpose vehicle, designed and equipped to provide nonemergency transport that has wheelchair-carrying capacity, stretcher-carrying capacity, or the ability to carry disabled individuals.

(4) Ambulette service means an individual, partnership, association, corporation, or any other legal entity which transports the invalid, infirm or disabled by ambulette to or from facilities which provide medical care. An ambulette service provides the invalid, infirm or disabled with personal assistance as defined in this subdivision.

(5) Common medical marketing area means the geographic area from which a community customarily obtains its medical care and services.

(6) Community means either the State, a portion of the State, a city or a particular classification of the population, such as all persons 65 years of age and older.

(7) Conditional liability means that the prior authorization official is responsible for making payment only for transportation services which are provided to MA-eligible individuals in accordance with the requirements of this Title.

(8) Day treatment program or continuing treatment program means a planned combination of diagnostic, treatment and rehabilitative services certified by the Office of Mental Retardation and Developmental Disabilities or the Office of Mental Health.

(9) Department established rate means the rate for any given mode of transportation which the department has determined will ensure the efficient provision of appropriate transportation to MA recipients in order for the recipients to obtain necessary medical care or services.

(10) Emergency ambulance transportation means the provision of ambulance transportation for the purpose of obtaining hospital services for an MA recipient who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency medical services while the recipient is being transported.

(11) Emergency medical services means the provision of initial urgent medical care including, but not limited to, the treatment of trauma, burns, and respiratory, circulatory and obstetrical emergencies.

(12) Locally prevailing rate means a rate for a given mode of transportation which is established by a transit or transportation authority or commission empowered to establish rates for public transportation, a municipality, or a third-party payor, and which is charged to all persons using that mode of transportation in a given community.

(13) Locally established rate means the rate for any given mode of transportation which the social services official has determined will ensure the efficient provision of appropriate transportation for MA recipients in order for the recipients to obtain necessary medical care or services.

(14) Nonemergency ambulance transportation means the provision of ambulance transportation for the purpose of obtaining necessary medical care or services to an MA recipient whose medical condition requires transportation by an ambulance service.

(15) Ordering practitioner means the MA recipient's attending physician or other medical practitioner who has not been excluded from enrollment in the MA program and who is requesting transportation on behalf of the MA recipient in order that the MA recipient may obtain medical care or services which are covered under the MA program. The ordering practitioner is responsible for initially determining when a specific mode of transportation to a particular medical care or service is medically necessary.

(16) Personal assistance means the provision of physical assistance by a provider of ambulette services or the provider's employee to an MA recipient for the purpose of assuring safe access to and from the recipient's place of residence, ambulette vehicle and MA covered health service provider's place of business. Personal assistance is the rendering of physical assistance to the recipient in walking, climbing or descending stairs, ramps, curbs or other obstacles; opening or closing doors; accessing an ambulette vehicle; and the

moving of wheelchairs or other items of medical equipment and the removal of obstacles as necessary to assure the safe movement of the recipient. In providing personal assistance, the provider or the provider's employee will physically assist the recipient which shall include touching, or, if the recipient prefers not to be touched, guiding the recipient in such close proximity that the provider of services will be able to prevent any potential injury due to a sudden loss of steadiness or balance. A recipient who can walk to and from a vehicle, his or her home, and a place of medical services without such assistance is deemed not to require personal assistance.

(17) Prior authorization means a prior authorization official's determination that payment for a specific mode of transportation is essential in order for an MA recipient to obtain necessary medical care and services and that the prior authorization official accepts conditional liability for payment of the recipient's transportation costs.

(18) Prior authorization official means the department a social services district, or their designated agents.

(19) Transportation attendant means any individual authorized by the prior authorization official to assist the MA recipient in receiving safe transportation.

(20) Transportation expenses means:

(i) the costs of transportation services; and

(ii) the costs of outside meals and lodging incurred when going to and returning from a provider of medical care and services when distance and travel time require these costs.

(21) Transportation services means:

(i) transportation by ambulance, ambulette or invalid coach, taxicab, common carrier or other means appropriate to the recipient's medical condition; and

(ii) a transportation attendant to accompany the MA recipient, if necessary. Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the MA recipient's family.

(22) Undue financial hardship means transportation expenses which the MA recipient cannot be expected to meet from monthly income or from available resources. Such transportation expenses may include those of a recurring nature or major one-time costs.

(23) Vendor means a lawfully authorized provider of transportation services who is either enrolled in the MA program pursuant to Part 504 of this Title or authorized to receive payment for transportation services directly from a social services district or other agent designated by the department. The term vendor does not mean an MA recipient or other individual who transports an NM recipient by means of a private vehicle.

(c) Ambulette and nonemergency ambulance transportation. (1) Who may order. Only those practitioners, facilities or programs listed in paragraph (d)(4) of this section may order or submit an order on behalf of a practitioner for ambulette or nonemergency ambulance transportation services.

(2) Criteria for ordering ambulette transportation. Ambulette transportation may be ordered if any one of the following conditions exist:

(i) The recipient needs to be transported in a recumbent position and the ambulette service ordered has stretcher-carrying capacity;

(ii) The recipient is wheelchair bound and is unable to use a taxi, livery service, bus or private vehicle;

(iii) The recipient has a disabling physical condition which requires the use of a walker or crutches and is unable to use a taxi, livery service, bus or private vehicle;

(iv) The recipient has a disabling physical condition other than one described in subparagraph (iii) of this paragraph or a disabling mental condition, either of which requires the personal assistance provided by an ambulette service, and the ordering practitioner certifies, in a manner designated by the department, that the recipient cannot be transported by a taxi, livery service, bus or private vehicle and requires transportation by ambulette service; or

(v) An otherwise ambulatory recipient requires radiation therapy, chemotherapy, or dialysis treatment which results in a disabling physical condition after treatment and renders the recipient unable to access transportation without the personal assistance provided by an ambulette service.

(3) Criteria for ordering nonemergency ambulance transportation. Nonemergency ambulance transportation may be ordered when the recipient is in need of services while being transported to a provider of medical services which can only be administered by an ambulance service.

(4) Recordkeeping. The ordering practitioner must note in the recipient's patient record the condition which justifies the practitioner's ordering ambulette or nonemergency ambulance services.

(5) Audit and claim review. An ordering practitioner, or a facility or program submitting an order on the practitioners behalf, which does not comply with this subdivision may be subjected to monetary claims and/or program sanctions as provided in section 504.8(a) of this Title.

(d) Prior authorization. (1) Generally, prior authorization must be obtained before transportation expenses are incurred. Prior authorization is not required for emergency ambulance transportation or Medicare approved transportation by an ambulance service provided to an NIA-eligible person who is also eligible for Medicare Part B payments. If transportation services are provided in accordance with paragraph (e)(7) of this section, the individualized education program or interim or final individualized family services plan of an MA eligible person will qualify as the prior authorization required by this subdivision.

(2) Requests for prior authorization may be made by the MA recipient, his or her representative, or an ordering practitioner.

(3) The recipient, his or her representative, or ordering practitioner must make the request in the manner required by the prior authorization official.

(4) A request for prior authorization for nonemergency ambulance transportation must be supported by the order of an ordering practitioner who is the MA

recipient's attending physician, physicians assistant or nurse practitioner. A request for prior authorization for transportation by ambulette or invalid coach must be supported by the order of an ordering practitioner who is the NIA recipient's attending physician, physician's assistant, nurse practitioner, dentist, optometrist podiatrist or other type of medical practitioner designated by the district and approved by the department. A diagnostic and treatment center, hospital, nursing home, intermediate care facility, long-term home health care program, home and community-based services waiver program, or managed care program may submit an order for ambulette or nonemergency ambulance transportation services on behalf of the ordering practitioner.

(5) Each social services district must inform applicants for and recipients of N4A of the need for prior authorization in order for transportation expenses to be paid under the MA program and of the procedures for obtaining such prior authorization.

(6) The prior authorization official may approve or deny a request for prior authorization, or require the ordering practitioner to submit additional information before the request is approved or denied.

(7) The prior authorization official must use the following criteria in determining whether to authorize payment of transportation expenses in accordance with subdivision (d) of this section:

(i) when the MA recipient can be transported to necessary medical care or services by use of private vehicle or by means of mass transportation which are use by the MA recipient for the usual activities of daily living, prior authorization for payment for such transportation expenses may be denied;

(ii) when the MA recipient needs multiple visits or treatments within a short period of time and the MA recipient would suffer undue financial hardship if required to make payment for the transportation to such visits or treatments, prior authorization for payment for such transportation expenses may be granted for a means of transportation ordinarily used by the MA recipient for the usual activities of daily living;

(iii) when the nature and severity of the MA recipient's illness necessitates a mode of transportation other than that ordinarily used by the MA recipient prior authorization for such a mode of transportation may be granted;

(iv) when the geographic locations of the MA recipient and the provider of medical care and services are such that the usual mode of transportation is inappropriate, prior authorization for another mode of transportation may be granted;

(v) when the distance to be traveled necessitates a large transportation expense and undue financial hardship to the MA recipient, prior authorization for payment for the MA recipient's usual mode of transportation may be granted;

(vi) when the medical care and services needed are available within the common medical marketing area of the MA recipient's community, prior authorization for payment of transportation expenses to such medical care and services outside the common medical marketing area may be denied;

(vii) when the need to continue a regimen of medical care or service with a specific provider necessitates travel which is outside the MA recipient's common medical marketing area, notwithstanding the fact that the medical care or service is available within the common medical marketing area, prior

authorization for payment of transportation expenses to such medical care and services outside the common medical marketing area may be granted; and

(viii) when there are any other circumstances which are unique to the MA recipient and which the prior authorization official determines have an effect on the need for payment of transportation expenses, prior authorization for payment for such transportation expenses may be granted.

(e) Payment. (1) Payment for transportation expenses will be made only when transportation expenses have been prior authorized except for emergency ambulance transportation or Medicare approved transportation by an ambulance service provided to an MA-eligible person who is also eligible for Medicare Part B payments.

(2) Payment for transportation expenses will be made only to the vendor of transportation services, to the MA recipient or to an individual providing transportation services on behalf of the MA recipient.

(3) Payment will be made only for the least expensive available mode of transportation suitable to the MA recipient's needs, as determined by the prior authorization official.

(4) Payment to vendors for transportation services must not exceed the lower of the department established rate, the locally established rate, the locally prevailing rate, or the rate charged to the public, by the most direct route for the mode of transportation used. However, payment may be made in excess of the locally prevailing rate or the rate charged to the public when federal financial participation in the MA payment for transportation services is available and such payment is necessary to assure the transportation service.

(5) Payment to vendors will be made only where an MA recipient is actually being transported in the vehicle.

(6) In order to receive payment for services provided to an MA recipient, a vendor must be lawfully authorized to provide transportation services on the date the services are rendered. A vendor of transportation services is lawfully authorized to provide such services if it meets the following standards:

(i) Ambulance services must be certified or registered by the Department of Health and comply with all requirements of that department;

(ii) Ambulette services must be authorized by the Department of Transportation. Ambulette drivers must be qualified under Article 19-A of the Vehicle and Traffic Law. Ambulette services and their drivers must comply with all requirements of the Department of Transportation and the Department of Motor Vehicles or have a statement in writing from the appropriate department or departments verifying that the ambulette services or their drivers are exempt from such requirements. In addition, ambulette services operating in New York City must be licensed by the New York City Taxi and Limousine Commission;

(iii) taxicab or livery services must comply with all requirements of the local municipality concerning the operation of taxicab or livery service in that municipality and with all requirements of the Department of Motor Vehicles; and

(iv) Vendors who provide transportation to day treatment or continuing treatment programs must be authorized by the Department of Transportation. Drivers for such vendors must be qualified under Article 19-A of the Vehicle and Traffic Law. Such vendors and their drivers must comply with all requirements of the



Department of Transportation and the Department of Motor Vehicles or have a statement in writing from the appropriate department or departments verifying that the vendors or their drivers are exempt from such requirements.

(7) Payment is available for transportation services provided in order for the recipient to receive an MA covered service is the recipient receives such service (other than transportation services) at school or off of the school premises and both the covered service and transportation service are included in the recipients individualized education plan. Payment is available for transportation services provided in order for the recipient, or the recipient's family member or significant other to ~~receive an N4A~~ covered service if both the covered service and transportation service are included in the recipient's interim or final individualized family services plan. For purposes of this section, a significant other is a person who substitutes for the recipient's family, interacts regularly with the recipient and affects directly the recipient's developmental status. Reimbursement for such services must be made in accordance with the provider agreement.

(8) Payment to a provider of ambulette services will only be made for services documented in contemporaneous records in accordance with section 504.3 of this Title. Documentation must include:

(i) the recipient's name and MA identification number; (ii) the origination of the trip; (iii) the destination of the trip;

(iv) the date and time of service; and

(v) the name of the driver transporting the recipient.

(9) Payment will not be made for transportation services when:

(i) the transportation services are ordinarily made available to other persons in the community without charge; however, payment may be made under such circumstances when federal financial participation in the N4A payment for transportation services is available;

(ii) the transportation services are provided by a medical facility and the costs are included in the facility's NLA, rate;

(iii) a vendor is not actually transporting an NLA, recipient;

(iv) the MA recipient has access to and can make use of transportation, such as a private vehicle or mass transportation, which the recipient ordinarily uses for the usual activities of daily living unless prior authorization has been granted by the prior authorization official.

(f) Medical transportation plans and rate schedules.

(1) The department may either establish rate schedules at which transportation services can be assured or delegate such authority to the social services districts.

(2) As directed by the department, each social services district must prepare and submit for department approval a medical transportation plan which provides for essential transportation of ~~MM~~ recipients to and from medical care and services which may be paid for under the MA program and the rate schedules to be used by the district. The department will approve a transportation plan if it

finds that the plan satisfactorily demonstrates that appropriate modes of transportation are available to MA recipients in the social services district and that the rates of payment for transportation are adequate to ensure the availability of transportation to and from medically necessary care and services which can be paid for under the MA program.

(i) Amendments to transportation plans or changes to rate schedules must be submitted at least 60 days prior to the effective date of the amendment. The department may permit a shorter notification period in circumstances where the department has adequate time to review the proposed amendment prior to its effective date. Factors which will be considered in determining whether to shorten the notification period include, but are not limited to, the complexity of the proposed amendment and the number and complexity of any other proposed amendments which the department is reviewing when the request is made. The department may also waive the notification period at the request of the social services district where a waiver would permit more efficient and effective administration of the MA program.

(ii) Plans, rate schedules or amendments may not be implemented without departmental approval.

(iii) The transportation rate schedules submitted for approval must be complete and contain the current department established rates, the locally established rates, or the locally prevailing rates for each transportation service for which the district is required to pay.

(3) Failure to obtain the approval required by this subdivision may result in the social services district being denied federal and State reimbursement for the expenses related to transporting N4A recipients to providers of medical care or services.

(4) On request, a vendor of transportation services must submit pertinent **cost** data, which is available to the vendor, to the department or the social services district. The department or the social services district may not require a certified cost document if providing such certification will result in additional expense to the vendor. Failure to comply with the requirements of this paragraph may result in the vendor's termination from participation in the MA program.

(5) The department or each social services district for which payment of transportation services is made through the Medicaid Management Information System (MMIS) must adhere to the following requirements in establishing payment rates with vendors of transportation services:

(i) The department or the social services district must select at least one of the following: (a) a flat-rate for all transportation services provided;

(b) a base rate for all transportation services provided, plus a mileage charge;  
(c) a flat-rate for transportation services within specified areas; or (d) a mileage rate based on distance.

(ii) The department or the social services district may establish with vendors a reduced rate for any of the following:

(a) transportation of additional persons;

(b) transportation of persons traveling to and from day treatment or continuing treatment programs; and (c) transportation of persons for purposes of obtaining regularly recurring medical care and services.

(iii) The department or the social services district may establish an additional rate for any of the following:

(a) other transportation costs, limited to the costs of meals, lodging and transportation attendants. Such costs must be approved by the department before the social services district may establish the additional rate; and

(b) bridge and road tolls.

(6) Rates established by the department will be deemed part of all applicable social services district medical transportation plans.

Appendix B

Code of Federal Regulations

TITLE 42--PUBLIC HEALTH CHAPTER IV  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

PART 431--STATE ORGANIZATION AND GENERAL ADMINISTRATION--Table of Contents  
Subpart B--General Administrative Requirements Sec. 431.51 Free choice of providers.

(a) Statutory basis. This section is based on sections 1902(a)(23),

1902(e)(2), and 1915 (a) and (b) of the Act.

(1) Section 1902(a)(23) of the Act provides that recipients may obtain services from any qualified Medicaid provider that undertakes to provide the services to them.

(2) Section 1915(a) of the Act provides that a State shall not be found out of compliance with section 1902(a)(23) solely because it imposes certain specified allowable restrictions on freedom of choice.

(3) Section 1915(b) of the Act authorizes waiver of the section 1902(a)(23) freedom of choice of providers requirement in certain specified circumstances, but not with respect to providers of family planning services.

(4) Section 1902(a)(23), as amended by section 4113(c) of OBRA '87, provides that, for services furnished after June 1988, a recipient enrolled in a primary care case-management system, an HMO, or a similar entity, may not be denied freedom of choice of qualified providers of family planning services.

(5) Section 1902(e)(2), as amended by section 4113(c)(2) of OBRA 1987, provides that HMO enrollees deemed eligible only for services furnished by the HMO (while they complete a minimum enrollment period) may, as an exception, seek family planning services from any qualified provider.

(b) State plan requirements. A State plan, except the plan for Puerto Rico, the Virgin Islands, or Guam, must provide as follows: (1) Except as provided under paragraph (e) of this section, a recipient may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is--

(i) Qualified to furnish the services; and

(ii) Willing to furnish them to that particular recipient.

This includes an organization that furnishes, or arranges for the furnishing of, Medicaid services on a prepayment basis.

(2) A recipient enrolled in a primary care case-management system, an HMO, or other similar entity will not be restricted in freedom of choice of providers of family planning services.

(c) Exceptions. Paragraph (b) of this section does not prohibit the agency from-

(1) Establishing the fees it will pay providers for Medicaid services;

(2) Setting reasonable standards relating to the qualifications of providers: or

(3) Subject to paragraph (b) (2) of this section, restricting recipients, free choice of providers in accordance with one or more of the exceptions set forth in Sec. 431.54, or under a waiver as provided in Sec. 431.55.

(d) Certification requirement. (1) Content of certification. if a State implements a project under one of the exceptions allowed under Sec. 431.54 (d), (e) or (f), it must certify to HCFA that the statutory safeguards and requirements for an exception under section 1915(a) of the Act are met.

(2) Timing of certification. (i) For an exception under Sec. 431.54(d), the State may not institute the project until after it has submitted the certification and HCFA has made the findings required under the Act, and so notified the State.

(ii) For exceptions under Sec. 431.54 (e) or (f), the State must submit the certificate by the end of the quarter in which it implements the project.

# Appendix B

## Otsego County Recipient Notification Letter

For Emergency Ambulance service call **911**  
Emergency ambulance service does not require prior approval.

## MEDICAL ASSISTANCE TRANSPORTATION FOR NON-EMERGENCY APPOINTMENTS

Transportation or transportation reimbursement may be available to you, if you are a recipient of Medical Assistance, for trips to and from a Medicaid reimbursable service. Medicaid recipients who have transportation available to do regular activities such as grocery shopping, errands, visiting, worship and recreation are not eligible for transportation or reimbursement.

Requests to Otsego Express for non-emergency Medicaid transportation to and from Medicaid services must be prior approved at least three (3) working days (Monday-Friday) prior to the scheduled appointment by GUS the **BUS**. The phone numbers to call are 1-800-388-9853, 1-315-858-6444, or 1-315-858-6445. Transportation requests with less than the 3 days notice may be denied.

Otsego Express will verify the following:

- MA eligibility of recipient
- Availability of other transportation
- Medical condition of recipient
- Any other circumstances which may affect the recipient's ability to access medical care
- Your phone number or a number where you may be reached if there are problems

It is your responsibility to confirm the appointment with Otsego Express at one of the above phone numbers before 4:00 PM the day before the trip. Failure to make this contact cancels your ride. If you fail to meet your ride as confirmed, you must discuss your "no show" with Otsego Express before you may receive future transportation services.

You may be asked by Otsego Express to:

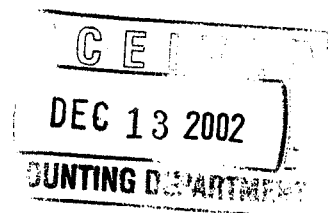
- Reschedule appointments to coincide with other planned transports including day of week and time of day.
- Get on your transportation up to one and one half hours ahead of your appointment and wait up to an hour for your return ride.
- Be prepared for your pick up 20 minutes prior to the scheduled pick up time.

For best results call Otsego Express before scheduling an appointment. This can reduce waiting time.

If you are receiving multiple weekly treatments, such as, dialysis or physical therapy, speak to Otsego Express about assistance before making these trips.

If a recipient fails to comply with any of the above requirements it may be considered grounds to suspend their transportation services.

You may have a conference to review a specific transportation request and you have the right to appeal decisions regarding your requests for Medical Transportation by requesting a Fair Hearing or contacting your local **Legal** Aid office.



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# Appendix C

## Analysis of

## Otsego County Waiver Cost Savings



Year <span>→</span>	1985	1996	1997	1998	1999	2000	2001	2002	2003	2004
1. NYSDOH Medicaid Annual % Increase For All Services <sup>1</sup>	6.9%	1.7%	0.8%	6.2%	4.4%	4.5%	6.3%	7.8%	5.0%	50%
2. Cumulative Medicaid Annual % Increase (Consecutive Summation of Line 1)	6.9%	8.8%	94%	15.6%	20.0%	24.5%	308%	36.6%	43.6%	48.6%
3. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1994 Year * Line 2)	\$37,354	\$46,557	\$50,888	\$84,453	\$108,273	\$132,635	\$166,741	\$208,967	\$238,036	\$263,104
4. Anticipated Expenditures w/o Waiver Implementation (Costs For 1994 Year * Line 3)	\$578,720	\$587,923	\$592,254	\$625,819	\$649,639	\$674,001	\$708,107	\$750,333	\$777,402	\$804,470
4a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2001 = 3,204 <sup>2</sup> (Line 4/ Monthly Medicaid Enrollees)/12 months	\$9.27	\$9.41	5948	\$1002	\$10.40	\$10.79	\$11.34	\$12.02	\$1245	\$12.86
5. Target Expenditures (-5%) (Line 4 * 95%)	\$549,784	\$558,527	\$562,642	\$594,528	\$617,157	\$640,301	\$672,701	\$712,817		
5a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 5/ Monthly Medicaid Enrollees)/12 months	\$8.80	\$8.94	\$9.01	\$9.52	\$9.88	\$10.25	\$10.77	\$11.41	\$11.83	\$12.24
6. Actual Expenditures			\$423,736	\$423,736	\$423,736	\$423,738	\$423,736	\$436,531		
7. Difference Between Anticipated w/o Waiver Implementation and Target or Actual Expenditures (Annual Savings) (Line 4 - Line 5, or Line 4 - Line 6)	\$28,936	\$29,396	\$168,518	\$202,083	\$225,903	\$250,265	\$284,371	\$313,803	\$38,870	\$40,223
Total Savings For Waiver Period Years 2003 & 2004 Only <span>→</span>										\$79,094

<sup>1</sup> Percent increase from FFY 1995-2001 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.  
2001-02 Percentage Used by Fiscal Management Group, Department of Health.  
2002-04 Percentage is Program Staff's Conservative Estimate of Future Medicaid Spending.

Wayne and Fulton Counties

(Lines 1- 6: same information as on waiver worksheet)

Year ----->	2001
1. NYSDOH Medicaid Annual % Increase For All Services'	6.3%
2 Cumulative Medicaid Annual % Increase (Consecutive Summation of Line 1)	30.8%
3. NYSDOH Medicaid Annual % Increase Adjustment (Costs For 1994 Year • Line 2)	\$166,741
4 Anticipated Expenditures w/o Waiver Implementation (Costs For 1994 Year + Line 3)	5708,107
4a. Anticipated Expenditures w/o Waiver Implementation On a Per Member Per Month Basis Monthly Medicaid Enrollees FFY 2001 = 5,204 <sup>2</sup> (Line 4/ Monthly Medicaid Enrollees)/12 months	\$11.34
5 Target Expenditures (-5%) (Line 4 • 95%)	\$672,702
5a. Anticipated Expenditures with Waiver Implementation On a Per Member Per Month Basis (Line 5/ Monthly Medicaid Enrollees)/12 months	\$10.77
6. Actual Expenditures	\$423,736
Actual Expenditures Fulton County	5624,472
Actual Expenditures Wayne County	\$595,792
Difference in Actual Expenditures b/tw Otsego County &: Fulton exceeded Otsego by ----->	5200,736
Wayne exceeded Otsego by ----->	\$172,056

<sup>1</sup> Percent increase from FFY 1995-2001 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.  
2001-02 Percentage Used by Fiscal Management Group, Department of Health.  
2002-04 Percentage Is Program Staffs Conservative Estimate of Future Medicaid Spending.  
<sup>2</sup> Average Monthly Medicaid Enrollees, Federal Fiscal Year 2001  
Source: DOH\OMM On-line SURS Information Retrieval System

# New Schedule

Effective: November 1, 2002

1-800-388-9853



**Route 1**  
Cooperstown-Oneonta

AM	AM	PM	PM
County Annex	6:00	9:00	1:00
Hartwick	6:15	9:15	1:15
Mt. Vision	6:25	9:25	1:25
Laurens	6:30	9:30	1:30
West Oneonta	6:45	9:45	1:45
Clinton Plaza	6:50	9:55	1:55
Hannaford	6:55	10:00	2:00
Southside Mall	7:00	10:05	2:05
Wal Mart	7:15	10:10	2:10
Clinton Plaza	7:20	10:20	2:20
West Oneonta	7:30	10:40	2:40
Laurens	7:40	10:50	2:50
Mt. Vision	7:50	11:05	3:05
Hartwick	8:00	11:20	3:20
County Annex	8:25	11:40	3:40
Bassett	8:30	11:45	3:45

**Route 7**  
Richfield Springs - Cooperstown  
\*\*Thursdays Only\*\*

AM	AM	AM	AM/PM	PM
County Annex	8:00	9:00	11:45	1:45
Bassett Hospital	8:05	9:05	11:50	1:50
Fly Creek	8:15	9:20	12:05	2:05
Schuyler Lake	8:30	9:35	12:20	2:20
Richfield Springs	7:10	8:40	9:45	12:30
Springfield Center	7:25	9:00	10:05	12:45
County Annex	7:45	9:15	10:25	1:00

**Route 6**  
Oneonta - Sidney/Gilbertsville  
\*\*Wednesday Only\*\*

AM	AM/PM	PM
Wal Mart	10:00	2:40
Clinton Plaza	10:05	2:45
Family Dollar	5:30	10:10
Otego	5:45	10:30
Unadilla	6:05	10:50
Mead Corp.	6:20	3:40
Amphenol	6:45	4:00
Sidney Plaza	7:00	11:30
Unadilla	7:10	11:50
Otego	7:25	12:05
Clinton Plaza	7:30	12:10
Hannaford	7:35	12:15
Southside Mall	7:40	12:20
Wal Mart	7:40	12:20

**Route 2**  
Richfield Springs - Edmeston

AM	PM	PM
Richfield Springs	6:25	4:55
West Winfield	6:45	4:35
Burlington Flats	7:00	4:15
NY Central Mutual	7:10	3:55
Edmeston	7:20	3:50
Cooperstown	7:50	3:20
Fly Creek	3:05	1:45
Richfield Springs	2:45	1:30

**Route 8**  
Cherry Valley - Cooperstown  
\*\*Friday Only\*\*

AM	AM	AM	PM	PM
County Annex	6:50	7:50	10:30	12:20
Springfield Center	7:05	8:05	10:55	12:45
East Springfield	7:15	8:15	11:10	1:00
Cherry Valley	7:25	8:25	11:20	1:10
Bassett Hospital	7:45	8:45	11:40	1:35
County Annex	7:50	8:50	11:45	1:45

Wal Mart	7:40	12:30
Clinton Plaza	7:50	12:35
Family Dollar	7:55	12:40
West Oneonta	8:15	12:50
Morris	8:35	1:10
Gilbertsville	8:55	1:30
Morris	9:15	1:45
West Oneonta	9:35	2:05
Clinton Plaza	9:45	2:15
Hannaford	9:50	2:20
Southside Mall	9:55	2:25
Wal Mart	10:00	2:30

**Route 3**  
Richfield Springs - Cooperstown

AM	PM
Richfield Springs	6:15
Schuyler Lake	6:30
Fly Creek	6:35
County Annex	6:40
Bassett Hospital	6:45
County Annex	4:20

**Route 4**  
Cooperstown - Cherry Valley

AM	PM
Bassett	5:10
County Annex	5:05
Springfield Center	7:05
East Springfield	7:15
Cherry Valley	7:25
Bassett	7:45
Cherry Valley	7:50

Hannaford	8:00
Clinton Plaza	8:05
Southside Mall	8:10
Wal Mart	8:15
Price Chopper	8:20
Maryland	8:40
Schenevus	8:50
Worcester	9:00
East Worcester	9:05

**Route 5**  
Oneonta - East Worcester  
\*\*Tuesdays Only\*\*

AM	AM	PM	PM
East Worcester	9:05	11:05	2:05
Worcester	9:10	11:10	2:10
Schenevus	9:20	11:20	2:20
Maryland	9:30	11:30	2:30
Price Chopper	9:50	11:50	2:50
Hannaford	10:00	12:00	3:00
Clinton Plaza	10:05	12:05	3:05
Southside Mall	10:10	12:10	3:10
Wal Mart	10:15	12:15	3:15